

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550768

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1					
4		3		1		
5		3		1		
6		2		1		
7		3				
8		3				
9		3				
10		2				
11		0				
12		0				
13		0				
14		0				
15		0				
16	1					
17	1					
18		3				
19		3				
20		0				
21		0				
22	1					
23		1				
24		2				
25		0				
26		1				
27			1			
28				1		
29			1			
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49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	8	←		←
TOTAL CLAIMS			11			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						